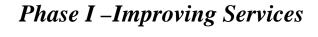# ARIZONA INTERAGENCY & COMMUNITY COUNCIL ON HOMELESSNESS

Two Months – Two Days --- Too Long
Ending Homelessness in Arizona

Phase I –Improving Services

Report & Recommendations from the Interagency & Community Council Work Group

June 2004

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Preface

Two Months – Two Days --- Too Long[1]

Two Months – Two Days --- Too Long reflects the sentiments of participants in the Interagency & Community Council Work Group; i.e. any amount of time homeless is *Too Long*. The impact on families, children and individuals who are homeless extends not only to having a safe, secure place to live but also to the education of children, the health care of the individual family members and the strength of the family itself.

This report represents Phase I, Improving Services, of a three phase approach to addressing the issues of homelessness from a State prospective. Phase II, Improving Housing, recommendations will include the strategies and actions necessary to improve access to housing for persons who are at risk of homelessness or experiencing homelessness. Phase III recommendations will respond to connecting in a strategic way, actions specific to housing for persons who are homeless to existing initiatives designed to address the housing needs of the broader population.

The strategies and actions in this report were developed around four Goals:
  I.   Closing the Front Door to Homelessness
  II. Opening the Back Door to Permanent Housing
  III. Building Infrastructure
  IV. Managing to Outcomes

Goal I, Closing the Front Door to Homelessness (preventing homelessness), is our best defense against the long-term impacts when an individual or family have no place to live.

Goal II, Opening the Backdoor to Permanent Housing, addresses the current struggle individuals and families have once they become homeless. How can we open the "Backdoor" of homelessness to ensure individuals and families have a way out?

Goal III, Building the Infrastructure, recognizes and addresses the need to build the capacity within Arizona to prevent homelessness and to respond quickly and with permanency when individual's and families become homeless. This Goal recognizes the need to build partnerships and collaborations among the State Agencies as well as with the community organizations serving individuals and families who are at risk of homelessness or who are homeless.

Goal IV, Managing to Outcomes, reflects the need to manage to results when planning and delivering services for individuals who are at risk of homelessness or are homeless. The strategies place a much-needed focus on defining the desired outcomes, tracking those outcomes and supporting programmatically and financially those services that result in positive outcomes for the individuals and families being served.

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[1] Peggy Eggemeyer, Arizona Department of Juvenile Corrections coined this phrase during the Work Group discussion of why people become homeless and what are the barriers to resolving the issues individuals and families face.

INTRODUCTION

Governor Janet Napolitano created the Arizona Interagency and Community Council on Homelessness and issued an Executive Order to that effect on June 5, 2004. The purpose of the Interagency and Community Council is to guide the development and implementation of a state level plan to end homelessness for Arizonans with a focus on families who are homeless. The Interagency and Community Council will identify policy, practice and funding actions that can be taken at the State level to prevent and to end homelessness through support, involvement and coordination among multiple state agencies and the private sector. The Council is comprised of representatives to the Governor's Children's Cabinet and private sector individuals appointed by the Governor.

Each year, an estimated 30,000 people experience homelessness in Arizona. Families comprise approximately 30% of the homeless population and in a one day point in time survey in 2003, 1,115 families were in shelters. On the same day, 281 families were turned away from shelters because there was no space available. While there are many causes for homelessness there are also many solutions to bring an end to homelessness in Arizona. With this focused, results oriented approach among the Arizona State Agencies and the private sector, Arizona can begin the process of preventing and ending homelessness for Arizonans.

Project Structure
The development and implementation of the Arizona State Plan to End Homelessness is being achieved through a project structure that includes the Interagency and Community Council on Homelessness, the State Plan Work Group and community input and involvement.

The Interagency and Community Council on Homelessness is chaired by Governor Napolitano and, in her absence, will be co-chaired by Dr. Sheila Harris, Director of the Department of Housing, and David Berns, Director of the Department of Economic Security. The Council will be the primary decision making authority regarding the content of the Plan, the implementation schedule and strategies.

The Interagency and Community Council Work Group is comprised of representatives of the Governor's Office and the following State Agencies: Arizona Health Care Cost Containment System, Department of Commerce, Department of Corrections, Department of Economic Security, Department of Education, Department of Environmental Quality, Government Information Technology Agency, Department of Health Services, Department of Housing, Department of Juvenile Corrections, the Arizona Supreme Court, and the Department of Veterans' Services. The role of the State Plan Work Group is to:

o Develop goals, objectives and recommendations for inclusion in the State Plan to End Homelessness for review by the Interagency and Community Council on Homelessness
o Support the implementation of the approved State Plan within their agencies and through coordination and collaboration with other State Agencies
o Monitor the implementation of the State Plan
o Identify policy issues and options for presentation to the Interagency and Community Council on Homelessness

Community Involvement and Input
The Interagency and Community Council Work Group will be responsible for defining and implementing a process for ongoing community involvement and input to the State Plan and throughout the implementation process. During the development process the following actions provided community and consumer information for the development of the Plan for Improving Services:

1. Focus groups were held in rural counties as part of the Continuum of Care process. The Work Group reviewed all comments from the 8 focus groups and actions were added to the Plan to reflect the needs identified in these focus groups. Locations of rural focus groups included Apache County, Cochise County, Gila County Payson and Globe, LaPaz County, Pinal County, Navajo County and Santa Cruz County.
2. The US Vets organization held a focus group with veterans in the Phoenix area.
3. Presentations were made to the Maricopa Continuum of Care and the Arizona Community Action Association seeking input and comment on the draft goals and strategies.
4. Participation in the Phoenix Children's Hospital Youth Development meetings provided additional input from providers and youth.
5. A special meeting was held with organizations providing services directly to youth who are homeless to identify strategies and actions that are unique to the needs of youth.

The Work Group members will continue to obtain community and consumer input throughout the implementation process.

Timeline
Phase I - Development of the State Plan for state agency services – April through June 2004
Phase II - Development of the State Plan for Housing for persons who are homeless – June - Dec 2004
Phase III - Ongoing implementation and integration with other Housing initiatives - 2005.

HOMELESSNESS IN ARIZONA

Who is Homeless in Arizona?
An estimated 30,000 people experience homelessness each year in Arizona. Families comprise approximately 30% of the total.

- Families with Children - The 2003 point-in-time survey revealed a total of 1,115 families (mean of 3.3 persons) were homeless. A single mother headed approximately 78% of these families. About 20% of all family members had a history of experiencing domestic violence. During a one-day period in February 281 families were turned away from transitional housing and/or emergency shelters, up 66% from a one-day period in January the previous year.
- Youth - The best estimate of youth age 18 and under who have been homeless at a given point in time is 1,800 for 2003 (according to estimates by Continuum of Care Gaps Analyses by Maricopa Association of Governments, Pima County's Tucson Planning Council for the Homeless, and the Arizona Department of Housing).
- Domestic Violence Victims - Between 2002 and 2003 the staff and volunteers of 31 residential DV shelters responded to approximately 45,000 calls for emergency for emergency shelter and information and referral. During this time about 10,000 women and children received shelter, with an average stay of 21 days.

- Elderly Persons - Between 2002 and 2003 there has been a 9% increase statewide in elderly persons receiving services from either transitional housing or shelters (395 persons in '02 inc Veterans- Based on 2003 data, 13% of homeless in shelters or transitional housing were veterans. Most of these veterans suffer from conditions such as posttraumatic stress disorder, substance abuse, and general mental health disorders.
- Persons with Addiction Disorders - About 21% of adults in families in 2003 had substance abuse issues, compared to 30% the year before. Among single adults 47% had substance abuse problems in 2003 compared to 51% in 2002.
- Persons with Mental Health Illness - The February 2004 point-in-time survey of emergency shelter and transitional housing (completed by the DES Arizona Homeless Coordination Office) identified approximately 450 individuals with serious mental illness and another 508 with combined substance abuse and SMI related issues. Although the three Continua of Care planning groups have placed over 2,000 formerly homeless individuals and persons of families in permanent supportive housing, they estimate that over 2,500 beds for individuals and families are still needed.

How and why do People become Homeless
The issues of homelessness are many and complex. People who are homeless tell us what they want and need is: housing, jobs and relationships.   The following chart reflects the From and To points of entering homelessness and/or the shelter system.

People enter homelessness for a variety of reasons including domestic violence, loss of existing home due to financial, health, or safety issues, leaving a state institution or hospital without a place to live (corrections, foster care, medical or psychiatric hospital), and arriving in Arizona from another state without adequate resources or employment.

From	Cause/Issues	To
Home	Domestic Violence	Domestic Violence Shelter
	Financial Issues	Homeless Shelter
Institutions/Correctional/ Medical/Psychiatric	Health Issues	Streets
	Safety of the Current Home/Environment	Living in Car
Other State		Living in the Forest or Desert
	Loss of Relationships	Moving from family/friend to family/friend
	Arriving from another State without resources	

Without a home, the efforts to resolve the issues that caused the homelessness become even more complicated. Individuals who are homeless are faced with basic questions everyday that the responses to which will either assist them in attaining a safe, stable home environment or extend their homeless situation.   The following and many other daunting questions face individuals and families working to obtain a safe, stable home.

How can victims of domestic violence ensure safety for themselves and their children?
How does someone look for a job without a telephone or without an address?
How do parents ensure their children are receiving education when they have no stable place to live?

For people who do not enter the shelter system or homeless provider system, it is difficult if not impossible for them to access services that will help move them from the streets, camps, etc. to housing. For people who do enter the shelter system, the array and intensity of services varies greatly depending on the program design and resources. When people access a domestic violence shelter or a homeless shelter the following services will likely be provided:

- Case Management Services
- Transition Planning
- Connections to housing resources
- Connections to some mainstream services such as job service, food stamps, and child care

Domestic violence shelters, transitional housing programs and at some level, homeless shelters may also provide:

- Employment services
- Training and education services
- Connections to family support services such as:
  - Child & Family Teams – if in need of and eligible for behavioral health services
  - Family Builders
- Connection to other services: income, health care, mental health, addiction services, childcare, etc. (This connection is highly dependent upon the shelters capacity to make these connections and eligibility criteria for the various programs.)

State Agency Roles & Responsibilities

Governor's Office for Children, Youth and Families

The Governor's Office for Children, Youth and Families is responsible for policy planning / leadership on homeless and housing issues and on issues related to this topic. For example, general service reform, creation of 211 system, domestic violence, youth development, volunteerism, substance abuse policy, early childhood development, corrections re-entry, juvenile justice and Child Protective Services / foster care programming. Through contracted providers, it provides a Positive Youth Development Grant which is part of the homeless/runaway youth program, AmeriCorps Grants that has some programs that work with homeless, Domestic Violence Grant funds where many domestic violence victims are homeless and the Parents Commission which funds substance abuse prevention and treatment and corrections re-entry planning efforts. The Interagency and Community Council on Homelessness will be formalized with an Executive Order. The Governor's Office for Children, Youth and Families will be responsible for staffing the activities of this Council.

Arizona Department of Corrections

The Arizona Department of Corrections (ADC) administers an offender transition process, which begins the day offenders are committed to ADC and ends upon completion of their terms of community supervision. The system is designed to positively impact offenders' behavior for the rest of their lives. The process includes offender diagnostic assessment, programming and

services designed to maximize the likelihood that each offender will successfully transition to community life upon release and not relapse. It is focused on heightening offender awareness, increasing positive behavior change and strengthening individual accountability.

Arizona Department of Economic Security
The Arizona Department of Economic Security (DES) is responsible for funding networks of provider agencies to assist low-income and homeless Arizona residents to move through and out of crisis situations to prevent and end homelessness. DES partners with its provider agencies to plan and develop programs and services, encourages services integration and mobilizes resources. Community agencies and funded networks serve as advocates for low-income households, hungry families, victims of domestic violence, refugees and homeless individuals and families. DES provides cash assistance to individuals and families through Temporary Assistance for Needy Families (TANF), General Assistance, Food Stamps and Institutional Support Payments. DES provides through its contracted providers, Adult Protective Services, Home and Community-Based Non-Medical Services, Community and Emergency Services, Emergency and Transitional Shelter, Case Management, Eviction Prevention, Utility Assistance, Family Support and Preservation Services, Medical and Dental coverage for children in State care, Employment and Training Services, Counseling, Information and Referral, Child Care, Substance Abuse Treatment to Families, Child Support Enforcement, Long-Term Care, Transportation, Vocational and Independent Living Rehabilitation. The statutory requirement specific to homelessness is through the Homeless Trust Fund Oversight Committee and the non-statutory requirement is from the Emergency Shelter Grant Funds.

Arizona Department of Education
The Arizona Department of Education (ADE) provides technical assistance to Local Education Agencies (LEA) in accordance with the McKinney-Vento Act. The ADE works hand-in-hand with the LEA Homeless Liaisons in assisting homeless students and their families in the schools. ADE provides technical assistance training regarding education law specific to homeless children and youth and provides resources including homeless grants for education and oversight.

The McKinney-Vento Act of No Child Left Behind requires equal access to education for homeless children and provides funds for state and local activities to provide such access. The Academic Achievement Division (AAD) develops technical assistance to local education agencies and public and private social service agencies on appropriate services for homeless children. The AAD also provides and administers grants to local education agencies to provide direct educational and support services to homeless children and youth.

Arizona Department of Health Services
The Arizona Department of Health Services (ADHS) is responsible for public health education, prevention and treatment. ADHS is comprised of six major service areas that report to the Director of the Department. The Division of Behavioral Health Services (DBHS) is charged with the responsibility of overseeing publicly funded behavioral health services. ADHS/DBHS manages the delivery system through five contracted Regional Behavioral Health Authorities and three Tribal Regional Behavioral Health Authorities.

Arizona Department of Housing
The Arizona Department of Housing (ADOH) funds a wide variety of community development and housing projects across the state. Using federal funds from the Community Development Block Grant (CDBG) Program, the HOME Program, Mc-Kinney-Vento funds, Housing

Opportunities for Persons with AIDS (HOPWA), Shelter Plus Care, and Supportive Housing Programs, Low-Income Housing Tax Credits, Private Activity and 501(c)3 bonds, mortgage credit certificate and the state's Housing Trust Fund. The State Housing Trust Fund administers 21 contracts totaling over $2 million to non-profit and local government entities in all 15 counties of Arizona for persons and families of low-income (80% or below Arizona Median Income) who are in jeopardy of becoming homeless or are homeless. Services funded include: hotel/motel vouchers, rental, mortage-foreclosure, utility payments and rental/utility security deposits. It oversees and facilitates a year round homeless planning process for the Rural Arizona HUD Continuum of Care. The rural areas are provided with housing services such as emergency shelters, transitional, eviction prevention, permanent and permanent supportive services serving 12 of the 13 rural counties. The Housing Trust Funds provides one-time emergency funding to 24agencies contracted to sustain housing services in Maricopa, Pima, Cochise, Mohave and Yavapai Counties. ADOH has built dozens of facilities using HOME, Housing Trust Fund and CDBG funds for construction of emergency shelters, transitional housing and permanent supportive housing. It is a partner in the implementation of the Homeless Management Information System in all 13 rural counties within Arizona.

The Special Needs Housing within the ADOH administers programs totaling over $13 million in funding from state and federal sources to those individuals and families who are homeless, imminently homeless, and with special needs such as: HIV/AIDS, Serious Mental Illness/SMI, Co-occurring (SMI and Substance Use Disorders), Youth, Domestic Violence, and Veterans. The Special Needs Housing programs are comprised of Housing Opportunity for Persons living with HIV/AIDS in rural counties of Arizona through the state's annual Consolidated Action Plan. It administers 621 units of Shelter Plus Care (SPC) in Maricopa and Pima Counties for permanent rental assistance for persons with SMI or Co-occurring substance use disorders.

Arizona Department of Juvenile Corrections
The Arizona Department of Juvenile Corrections (ADJC) enhances public protection by changing delinquent thinking and behaviors of juvenile offenders committed to the Department. ADJC place youth at home or may provide housing for youth until age eighteen in group homes or residential treatment centers. Once youth turn eighteen the Arizona Department of Juvenile Corrections has no statutory responsibility.

ADJC assists youth in accessing services through referral for treatment, education, job training, transportation, shelters and other transitional services. ADJC continues to collaborate with state and local agencies in providing transition plans and connecting youth before they turn eighteen for seamless services past their eighteenth birthday regardless of the funding source. Our hope through collaboration no youth will leave our institution to become homeless.

Arizona Department of Veterans' Services
The Arizona Department of Veterans' Services refers homeless clients to the Veterans' Affairs (Healthcare for Homeless Veterans), which is a federal agency, and U.S. Vets, which is a public-private partnership. These agencies utilize other non-veteran specific homeless organizations, if necessary. The Department of Veterans' Services assists veterans in accessing services through referral for treatment, transitional housing, case management, outreach, supportive services, legal assistance, employment and training services, transportation, etc.

<u>Arizona Health Care Cost Containment System</u>
The Arizona Health Care Cost Containment System (AHCCCS) which serves as the State's Medicaid agency, is a health care program targeted at serving low-income Arizonans. The program consists of public-partnerships that include the State and its counties, the Federal government, and health plans and providers from both the public and private sectors. As of June 1, 2004, AHCCCS was providing health care services to over 950,000 Arizona residents, which is approximately 17% of Arizona's total population. The Administration's main responsibilities include setting policy and controls for eligibility administration, member enrollment, quality assurance of medical care, provider and plan oversight, and procurement of contract providers. AHCCCS uses both a prepaid capitated and fee-for-service payment system. AHCCCS oversees three main programs: Acute care services including KidsCare, Long Term Care and other special populations such as Healthcare Group of Arizona.

VISION, MISSION & GUIDING PRINCIPLES
Vision

<p align="center">Two Months – Two Days - - - Too Long:</p>

<p align="center">*Ending Homelessness in Arizona*</p>

Mission

<p align="center">To end homelessness in Arizona by providing housing and support services through state level policy, structure and funding.</p>

Guiding Principles

The following principles reflect the beliefs and values that are critical to reforming the system serving individuals and families at risk of or experiencing homelessness. The principles serve as the "guide posts" or parameters that must be met when recommending and implementing structural, policy, or funding changes.

<u>The service delivery system must be</u>:

> *Efficient, effective and integrated:* Maximizing the use of funding, reducing barriers for individuals and families and increasing the opportunity for self-sufficiency.

> *Individual and Family Centered*: System design and service delivery in partnership with individuals and families based on their identified needs, wants and goals.

> *Just:* Treating every individual and family fairly and promoting opportunities - acknowledging that poverty and homelessness disproportionately effect some populations.

> *Respectful:* Affording respect and dignity to individuals and families.

Statewide: Responsive to the diverse needs of all areas of the State - rural and urban.

The system must include:

Prevention: A critical component in ending homelessness

Rapid Rehousing: Direct access to a permanent home - increasing long-term stability for individuals and families.

Accessible support services: Immediate and easy access to support services - increasing the opportunity for individuals and families to be part of their community and to maintain their housing.

The design and implementation must include:

Collaboration: Meaningful participation in planning and implementation from the public, private and non-profit sectors

Continual Improvement: System evaluation on an ongoing basis ensuring programs and services are proven effective and achieving measurable outcomes.

Education & Advocacy: An important tool to inform and involve stakeholders in systems change.

Responsibility & Commitment: Preventing and ending homelessness is everyone's responsibility – It is "my" responsibility.

ENDING HOMELESSNESS – GOALS & STRATEGIES

Goal I: Close the Front Door to Homelessness

The homeless assistance system ends homelessness for thousands of people every day, but others quickly replace them. People who become homeless are almost always clients of public systems of care and assistance. These include the mental health system, the public health system, the welfare system, and the veterans system, as well as the criminal justice and the child protective service systems (including foster care). The more effective the homeless assistance system is in caring for people, the less incentive these other systems have to deal with the most troubled people – and the more incentive they have to shift the cost of serving them to the homeless assistance system. This situation must be reversed. The flow of incentives can favor helping the people with the most complex problems. As in many other social areas, investment in prevention holds the promise of saving money on expensive systems of remedial care.

PRIORITY ONE: Prevention	
Strategy(ies)	**Action(s)**

Strategy 1.1
 	
Improve discharge planning from institutional settings for individuals at risk of homelessness.
	Action 1.1.1
	Develop, identify and implement process improvements for discharge of high risk populations (women with children, youth in foster care, medically fragile, parenting teens, individuals with a serious mental illness and their families, persons with substance abuse issues, and other underserved populations)
	▪ Identify current status within agencies
	▪ Assess the policy by agency and determine appropriate course of action
	▪ Develop or revise current discharge planning processes (ADHS, ADJC, DOC, DES, AHCCCS) to include:
	   ❑ A comprehensive pre-release process
	   ❑ Accessing medical and behavioral health services
	   ❑ Information about navigating the system
	   ❑ Where to go for help

	Action 1.1.2 Create more transition services for persons exiting the state's care ▪ Respite beds ▪ Youth group homes ▪ Create options for sex offenders leaving the Department of Corrections
	Action 1.1.3 Create a partnership among Department of Veterans Affairs, U.S. Federal Veterans Programs, Arizona Department of Veterans Services, VA Hospital and Arizona state agencies to respond to the needs of veterans at risk of homelessness

Strategy(ies)	Action(s)
	Action 1.1.4
	Identify and implement specific actions to ensure children and youth exiting care have a safe affordable place to live, a support network and training and education opportunities
	▪ Ensure foster children have access to resources provided through the Chaffee Care Act.
	▪ Emphasize education options as well as employment options
	▪ Define and implement actions to encourage voluntary foster care for youth entering the Independent Living Program. Allow youth to reenter foster care as "voluntary" once they leave the system and want to come back.
	▪ Ensure that each youth leaving a state institution has a positive adult relationship; expand the CASA program, recruit private sector individuals to be sponsors and/or mentors for youth prior to the youth leaving care.
	▪ Implement methods to ensure youth have appropriate identification documents when leaving the state's care including social security cards, drivers license, health records, etc.
	▪ Expand the availability of peer to peer mentoring
	▪ Expand the availability of school based health services and/or develop methods for school liaisons to assist youth in accessing these services at one-stop centers.
	▪ Improve access to medical and behavioral health care by ensuring youth have the information needed to access their primary care physicians, enroll in AHCCCS, and other means that support ongoing access to care for youth moving from home to home.
	▪ A discharge plan 3 months in advance – DES can help identify relative placement options for Youth
	▪ Identification of an appropriate home for youth at risk of homelessness.
	▪ Continued dual adjudication (dependency / delinquency) so that when a child / youth leaves ADJC, the child does not risk placement with the perpetrator.
	▪ Methods to link provider agencies (those serving youth and those serving adults) with youth preparing to leave foster care and at risk of homelessness.
	▪ Methods to ensure youth receiving behavioral health treatment are able to maintain the youth/provider relationship following discharge from state supervision.
	▪ Linkages to adult providers for kids at age 18
	▪ Begin the AHCCCS eligibility process 30 days prior to discharge from a state institution.
	▪ Begin discharge planning earlier for youth in foster care and evaluation the youth for their ability to live independently.
	▪ Support the recommendations and reforms included in the Children's Action Alliance Report "Transitions" and in the DES / Provider State Plan – ACYF

Strategy(ies)	Action(s)
	Action 1.1.5 Develop consumer focused discharge policies which require the creation of a plan for each person in state's care prior to release, which includes access to resources, services and housing placement options. • Develop a Discharge Planning Committee to define & implement policy changes, identify barriers and best practice. (ADHS/BHS; WCH, ADC, DES-Foster Care, Veterans Hospital, Military) • Educate institutions on the need and process for developing a discharge planning policy and procedures • Include in the policy that responsibility rests with all agencies and that referring somewhere else is not an option – agency staff must stay with the client until the issue is resolved; such as finding transportation • Include a requirement that people will not be released from state institutions to homeless shelters. • Adopt and implement a rapid re-housing philosophy and service methodology • Incorporate the policy into Consolidated Plans
	Action 1.1.6 Identify and implement options to ensure individuals have continuity of services from institutional settings to transitional / permanent settings. • Create a pilot project to develop cost sharing arrangements among agencies • Develop and implement eligibility processes for mainstream entitlement programs prior to release from institutions
	Action 1.1.7 Change Medicaid status from termination to suspension when an individual is being returned to an institution (i.e. jails, prison, state hospital and other managed care environments)
	Action 1.1.8 Identify and seek revisions to laws/regulations and practices that create barriers to transitional and permanent housing; such HUD requirements, crime free housing practices.
	Action 1.1.9 Increase consumer involvement by engaging consumers to assist in creating or reviewing plans to prevent homelessness through discharge planning
	Action 1.1.10 Support the implementation of the Department of Corrections Homeless Prevention Plan.

Strategy(ies)	Action(s)
Strategy 1.2 Improve access to mainstream support programs and services through better outreach and by breaking down the existing barriers which prevent easy access	**Action 1.2.1** Educate service and community network so that public and private case managers know what resources are available through information sharing and cross training - Create a web-based ex-offenders resource guide linking HMIS, Arizona SelfHelp, 211, etc. - Improve access to accurate, timely information via hotlines - Provide ongoing training/education staff and consumers on the resources available
	Action 1.2.2 Educate providers and consumers about the TANF time limitations and accountability
	Action 1.2.3 Creating the linkage(s) for families at-risk of homelessness to affordable housing units
	Action 1.2.4 Cross train and co-locate public and private case mangers at sites convenient to consumers to allow all paperwork needed to be completed at one time using technology. Explore City of Phoenix proposal to link providers to City services HelpSmart
	Action 1.2.5 Link peer support, community mentors, school liaisons and/or volunteers to families and individuals. Provide mentors prior to discharge from state institutions and continue mentor program (with same mentor if possible) through release and reentry
	Action 1.2.6 Expand coordination and outreach to people at risk of homelessness - Through the Community Action Programs (CAPs) - Through school systems, Homeless Liaisons (their role is to solve transportation issues, school of origin and conflict resolution among districts.) - Through Interdisciplinary Teams - Coordinate with local law enforcement and forest service personnel
	Action 1.2.7 Increase availability of and access to existing funds for homeless prevention (e.g. eviction/foreclosure prevention, car repair, Grant Diversion, education and utility assistance) – create a flexible funding pool

Strategy(ies)	Action(s)
	Action 1.2.8 Implement options for "youth on their own" to have housing, sponsors, families • Consider emancipation legislation
	Action 1.2.9 Through development of partnerships with Tribal leaders and neighboring community leaders, implement strategies to prevent homelessness among Tribal members and non-Tribal members living on reservations. • Coordinate services between Tribal staff and social service staff • Define strategies to connect Community Councils and ITCA
	Action 1.2.10 Improve accessibility to services in rural areas by exploring incentives for attracting more professionals to the rural area(s) of the state.
Strategy 1.3 Increase the use of Risk Assessment tools and process to quickly identify people at risk of homelessness	Action 1.3.1 Identify and review the use of existing risk assessment tools in both public and private sector agencies
	Action 1.3.2 Develop and implement tools (universal if possible) that can be used by public agencies and homeless providers but also at Community Action Associations, schools, community health centers, etc. to do risk assessment before people become homeless– tool should link to/build on those already in use
	Action 1.3.3 Link tool use requirement to funding requirements/contracts (public and private funding sources) – encourage all funders (public & private) to require use of specific assessment tools.
Strategy 1.4 Increase public awareness	Action 1.4.1 Implement a public education campaign about prevention and resources that are available.
	Action 1.4.2 Identify and integrate existing innovative poverty prevention strategies such as: IDAs, promotion of the EITC and financial planning skills education into service programs

PRIORITY TWO: System Integration and Support Services Coordination	
Strategy(ies)	**Action(s)**
Strategy 2.1 Create and expand technology tools to provide more timely and accessible information about social service for consumers, public and private agency staff and community.	Action 2.1.1 Implement 211 to provide more timely and accessible information
	Action 2.1.2 Link existing webpages (e.g. Arizona SelfHelp, Health e-application, SeniorBenefits Check-up) and collaborative community resources to 211 and Community Information and Referral Services (I&R)
	Action 2.1.3 Link 211 webpage and I&R/211 call center operator training to the resource directory
	Action 2.1.4 Build linkages through technology and web based applications • AHCCCS to create a tool specific to Homeless – Resource Guide
	Action 2.1.5 Implement HMIS in all agencies serving homeless and agencies providing prevention services and use it as a model for improved, cross-system case management through information sharing – promote expansion of this idea to other social service sectors
	Action 2.1.6 Place tools to access information and apply for services in the community and utilize community partners like one-stop centers and CAPs
Strategy 2.2 Create and expand multi purpose applications (paper and web-based) and streamlined application and eligibility processes	Action 2.2.1 Research legal, policy and process barriers to creating multi-purpose applications and streamlined eligibility processes

	Action 2.2.2
	Expand and build upon existing on-line applications and eligibility determination for Supplemental Security Income (SSI), Medical benefits, Food stamps, General Assistance and other cash assistance
	    • Identify ways to consolidate projects by expanding and building on current efforts such as Healthy Arizona
	    • Determine cost avoidance methods to reduce duplication such as creating data links to other programs

Strategy(ies)	Action(s)
	Action 2.2.3 Implement the use of private case managers or application assistants to gather the necessary information for benefit eligibility application and other paperwork processing for food stamp, cash assistance programs, etc.
	Action 2.2.4 Enhance the ability of agencies to share client information when needed to better serve the client
Strategy 2.3 Implement multidisciplinary teams	Action 2.3.1 Expand the use of a client-centered approach to planning and providing services and the implementation of ACT Teams
Strategy 2.4 Identify and implement family strengthening strategies and other innovative programs	Action 2.4.1 Identify what is already being funded and what organizations currently receive funds
	Action 2.4.2 Explore using new TANF and Federal Administration for Children and Families marriage funds for relationship classes, character building and other innovative programs

Goal II: Open the Back Door to Permanent Housing

People should be helped to exit homelessness as quickly as possible through a rapid re-housing approach. For the chronically homeless, this means permanent supportive housing (housing with services) – a solution that will save money as it reduces the use of other public systems. For families and less disabled single adults it means getting people very quickly into permanent housing and linking them with services. People should not spend years in homeless systems, either in shelter or in transitional housing.

PRIORITY ONE: Housing	
Strategy(ies)	**Action(s)**
Strategy 1.1 Increase access to permanent supportive housing	To Be determined in Phase II Planning
Strategy 1.2 Increase Access to Permanent housing	To Be determined in Phase II Planning

PRIORITY TWO: Employment and Livable Incomes	
Strategy(ies)	**Action(s)**
Strategy 2.1 Increase access to child care	Action 2.1.1 Obtain increased funding for state child care subsidy wait list
	Action 2.1.2 Encourage employers to provide child care and to support improved quality and availability
	Action 2.1.3 Implement Governor's School Readiness Board recommendations
	Action 2.1.4 Add homeless as priority for child care services

Strategy(ies)	Action(s)
	Action 2.1.5 Increase allowable activities for child care services – counseling, vocational education for persons who are not eligible for TANF and for persons in the Jobs Program eligible while looking for work
	Action 2.1.6 Provide on-site child care eligibility at shelters
	Action 2.1.7 Increase the child care state subsidy rate for services to children with special needs; i.e. infant care, children with disabilities, etc.
	Action 2.1.8 Revise policy and procedures to make eligibility determination more accessible including but not limited to allowing telephone interviews
	Action 2.1.9 Increase child care availability to include night time hours; 7 days a week
	Action 2.1.10 Promote increases in Headstart funding
	Action 2.1.11 Create incentives for behavioral health providers and physical health providers to provide child care services or support in accessing child care
	Action 2.1.12 Allow families involved with CPS who are employed to have immediate access to child care services

Strategy(ies)	Action(s)
Strategy 2.2 Increase access to education and training	**Action 2.2.1** Increase availability, marketing and funding for literacy, basic education, adult education, GED, ESL, SSL • Partner with faith based organizations • Provide mentors • Enhance referral to adult education, vocational education and career training
	Action 2.2.2 Increase access to transportation and other Jobs-funded services
	Action 2.2.3 Review existing use of all Job Training funds for efficiencies
	Action 2.2.4 Implement one standard employment plan among Jobs and Family Shelter providers
	Action 2.2.5 Replicate the Vista Colina/UMOM / Salvation Army pilot statewide.
	Action 2.2.6 Increase access to supported employment services; such as mentors, job coaches
	Action 2.2.7 Create partnerships with employers to hire homeless individuals
	Action 2.2.8 Increase availability of basic education for children/youth who are homeless by establishing a system of • Identification • Coordination • Transportation • Support Services

Strategy(ies)	Action(s)
	Action 2.2.9 Coordinate activities with WIA One-Stop Centers
	Action 2.2.10 Utilize school homeless liaisons as a vehicle to connect with youth and families
	Action 2.2.11 Increase available access to Community Colleges through the development of partnerships among community colleges, providers and state agencies
	Action 2.2.12 Target employment at livable wage salaries, skilled labor (vocational training); apprenticeship programs – e.g. carpenter
	Action 2.2.13 Encourage economic development strategies and education strategies with opportunities for all that focus on livable wage jobs that are attainable for the workforce pool
Strategy 2.3 Create transportation for people living in rural and urban areas.	Action 2.3.1 Research transportation options implemented in other jurisdictions including rural options and the ability to provide incentives for transportation development
	Action 2.3.2 Implement the option of allowing family members and friends to be reimbursed for transportation services
	Action 2.3.3 Create and/or expand existing consortia of businesses, service agencies and state and local government agencies to create a transportation network
	Action 2.3.4 Improve access to auto repair services

Strategy(ies)	Action(s)
	Action 2.3.5 Define and implement an ongoing process to address critical issues with local transportation authorities such as expanding local bus service hours, changing / expanding routes, etc.
	Action 2.3.6 Define and implement specific alternatives to increase accessibility and availability for transportation in the rural areas
	Action 2.3.7 Define and implement specific alternatives to increase accessibility and availability for transportation in the suburban areas
	Action 2.3.8 Encourage employers to provide transportation subsidies such as bus passes
	Action 2.3.9 Review regulatory structure about the requirements and costs of operating automobiles (payment plans, subsidies, extended hours, costs of emissions, registration, and insurance)
	Action 2.3.10 Explore "Wheels to Work" type programs and options
	Action 2.3.11 Explore car repair as business option/enterprise such as in Burlington, Utah
	Action 2.3.12 Explore car repair for homeless as a priority at Skill Centers
	Action 2.3.13 Collaborate with civic organizations and community clubs, private businesses and veterans organizations

Strategy(ies)	Action(s)
Strategy 2.4 Provide support to obtain tools, licenses, certificates and job resources	Action 2.4.1 Provide information to consumers, providers, training institutions and employers about the availability of options for support through: ▪ Agencies serving people with disabilities ▪ DES/WIA ▪ Department of Commerce ▪ Maricopa Skill Center/Pima Community College/Rural Community Colleges/ Maricopa Community Colleges/Rio Salado College ▪ Job Corp ▪ TANF ▪ Rehabilitation Services Administration ▪ Unions ▪ Apprenticeship Programs ▪ AmeriCorp ▪ Others
	Action 2.4.2 Identify and implement leveraging opportunities to enhance and maximize the use of current funding for tools, licenses, etc.
	Action 2.4.3 Identify options and facilitate the development of business enterprises with providers ▪ Identify existing models ▪ Identify Options for Start-up costs and initial operating costs ▪ Provide technical assistance in establishing business enterprises
	Action 2.4.4 Develop relationships with banks and the Small Business Administration (SBA) to provide start-up costs, loans for non-profits, loans for individuals and planning loans
	Action 2.4.5 Partner with legal or other jurisdictions to have minor felonies expunged

Strategy(ies)	Action(s)
	Action 2.4.6 Review policies and procedures to determine regulatory barriers for ex-offenders in the areas of: • Employment • Housing • Transportation • Eligibility to services
	Action 2.4.7 Educate employers regarding minor felonies that may not impact the potential for an individual to be a good, productive employee
Strategy 2.5 Place consumers in jobs with health care benefits	Action 2.5.1 In partnership with other organizations, work to increase placements in jobs with health care in the Jobs Program
	Action 2.5.2 Provide employers with information about options for health coverage including Health Care Group
	Action 2.5.3 Provide information to employers about where people can be referred to obtain their own coverage
	Action 2.5.4 Implement the option of employers paying a portion of the premium for KidsCare eligible employees
	Action 2.5.5 Establish requirements that private companies will reimburse the State for health coverage provided to their employees through public health systems; i.e. companies are prohibited from marketing AHCCCS as health coverage rather than providing health coverage for their employees

Strategy(ies)	Action(s)
Strategy 2.6 Increase child support collected.	Action 2.6.1 Provide on-site child support application interviews and processing
	Action 2.6.2 Explore options for supporting the collection of child support for non-TANF eligible individuals
	Action 2.6.3 Educate shelter staff about "good cause" waivers for child support due to domestic violence issues
	Action 2.6.4 Assist with child support compliance through policy changes which support incremental payment or other options for delayed payment
	Action 2.6.5 Work with Judges and Child Support Enforcement Division staff to identify options such as modified payment schedule for a specific period of time and develop training targeting these other support options
	Action 2.6.6 Increase access to and the rate of families receiving child support to increase family income by engaging fathers
	Action 2.6.7 Co-locate child support eligibility with other mainstream service application processes
Strategy 2.7 Enhance services for youth on their own and youth with families who are homeless	Action 2.7.1 Create or enhance current youth development services for youth on their own and youth who are homeless Job Skills • Drop Out Prevention • After School Programs • Transportation • Connection with Youth Councils

Priority Three: Health and Behavioral Health	
Strategy(ies)	**Action(s)**
Strategy 3.1 Improve access to adequate physical health care, including dental care	Action 3.1.1 Consider including dental care in the AHCCCS Benefit Package
	Action 1.3.2 Reduce barriers to enrollment in KidsCare
	Action 1.3.3 Explore options for use of a mobile van to provide services
	Action 1.3.4 Create a partnership with the Dental Association and private sector organizations to identify options for increasing access for homeless persons
	Action 1.3.5 Increase outreach to homeless schools and for Medicaid in the Schools Program
	Action 3.1.6 Utilize Health E Arizona for application assistance
	Action 3.1.7 Continue current collaboration between AHCCCS, ADHS, DOC and ADJC for the pre-release project
	Action 3.1.8 Develop mechanism for homeless to obtain mail on a consistent basis – receiving of AHCCCS eligibility
Strategy 3.2 Improve access to adequate behavioral health	Action 3.2.1 Co-locate behavioral health providers (including crisis intervention) at homeless shelters, the day resource center and other sites where homeless receive other services.
	Action 3.2.2 Increase coordination of care between physical health and behavioral health providers.
	Action 3.2.3 Address the issue of the lack of medical detoxification services in rural areas
	Action 3.2.4 Link with existing substance abuse initiatives to provide substance abuse services on site at domestic violence and homeless shelters
	Action 3.2.5 Ensure youth in foster care receive a behavioral health screen.

Strategy(ies)	Action(s)
Strategy 3.3 Improve access to adequate care for trauma	Action 3.3.1 Explore and implement innovative trauma counseling techniques to persons with domestic violence issues and veterans
Strategy 3.4 Coordinate Delivery of care	Action 3.4.1 Identify and implement actions to assist clinical liaisons in accessing services.
	Action 3.4.2 Implement plans to ensure people apply for SSI and other mainstream programs: Identify barriers individuals face in applying and develop and implement specific actions to address those barriers
Strategy 3.5 Provide wellness services for nutrition, parenting, diabetes, chronic illness prevention, etc.	Action 3.5.1 Provide life skills training at domestic violence and homeless shelters that is based on healthy living models.
	Action 3.5.2 Support family strengthening models by providing mentors as trainers at shelter agencies.
	Action 3.5.3 Promote the implementation of program models that provide healthy living such as nutrition, parenting skills, preventative care, cleanliness and exercise.
	Action 3.5.4 Increase participation in the Food Stamp program by homeless families resulting in universal access and participation in Arizona by homeless resulting in universal access and participation by individuals / families who are homeless
	Action 3.5.5 Expand availability and utilization of the School Breakfast and Lunch Program Consider expansion to weekends and evening meals Develop education and referral process for expanded program
	Action 3.5.6 Encourage provider agencies to provide balanced meals and balanced food boxes

Goal III: Build the Infrastructure

While the systems can be changed to prevent homelessness and shorten the experience of homelessness, ultimately people will continue to be threatened with instability until the supply of affordable housing is increased; incomes of the poor are adequate to pay for necessities such as food, shelter and health care; and disadvantaged people can receive the services they need. Attempts to change the homeless assistance system must take place within the context of larger efforts to help very poor people.

PRIORITY ONE: Affordable Housing	
Strategy(ies)	**Action(s)**
Strategy 1.1 Create a real time housing inventory and provide access to information for families	Action 1.1.1 Implement SocialService.com • Train case managers, etc. on availability of tool and how to use it
	Action 1.1.2 Implement 211 System
Strategy 1.2 State Agencies identify housing (not shelter) as a goal	Action 1.2.1 Policy reflects agency priority of permanent housing for homeless families
Strategy 1.3 Increase access to housing	Action 1.3.1 To be developed in Phase II - Housing

Strategy(ies)	Action(s)
Strategy 1.4 Increase for profit and non-profit capacity for affordable housing construction	To be developed in Phase II – Housing Plan
Strategy 1.5 Provide wrap around support services to assist individuals in maintaining their housing	Action 1.5.1 Develop and fund an ACT Team model
	Action 1.5.2 Prioritize permanent supportive housing in HUD grant.
Strategy 1.6 Dedicate funding for creation of affordable housing for 30% median income or below	To be developed in Phase II - Housing

PRIORITY TWO: Employment and Livable Incomes	
Strategy(ies)	**Action(s)**
Strategy 2.1 Strengthen and increase TANF program, Disabled Veterans Assistance, SSI and SSA's ability to provide cash subsidies, fund supportive services and access to employment and child care	Action 2.1.1 Expedite eligibility process for TANF, Disabled Veterans, SSI and SSA programs, and General Assistance
	Action 2.1.2 Review TANF, Veterans, SSI and SSA policies to allow nontraditional work (substance abuse treatment, counseling) to meet work requirements
	Action 2.1.3 Review options for consolidating funding from the state level to offer more comprehensive programs • Must be truly blended to work with one set of eligibility criteria, one set of reporting requirements targeting a wide variety of programs • Must have flexibility in utilization of funding
	Action 2.1.4 Assess cost of service delivery in rural versus urban areas • Develop formulas for allocation based on "cost of delivery" • Review existing studies that recognize difference in cost for rural versus urban service delivery
	Action 2.1.5 Enhance and maintain General Assistance as an option for people with short and long term disabilities
Strategy 2.2 Involve early care and education community in preventing and ending homelessness (Headstart, childcare, pre-schools, etc.)	Action 2.2.1 Identify homeless children and target services to them
	Action 2.2.2 Identify extent to which homeless school liaison program has been implemented and target schools where implementation has not fully been realized
	Action 2.2.3 Identify educational resources and disseminate information to schools about homelessness in families and its impact on children

PRIORITY TWO: Employment and Livable Incomes	
Strategy(ies)	**Action(s)**
Strategy 2.3 Ensure that proper employment and training opportunities are available for homeless families	Action 2.3.1 Create/enhance linkages between employers or employment associations and homeless providers _____ Action 2.3.2 Identify best practices for linking homeless families to job training and employment opportunities
Strategy 2.4 Engage higher paying industries in the hiring of homeless individuals	Action 2.4.1 Identify industries that would recruit and train homeless individuals
Strategy 2.5 Enhance services for elderly individuals who are homeless	Action 2.5.1 Develop viable option for short-term shelter and permanent housing for the elderly with children (grandparents raising grandchildren)
	Action 2.5.2 Identify supports unique to the grandparent population – income for themselves and their grand children
	Action 2.5.3 Identify and implement quick resolution for legal issues of grandparents accessing benefits for their grandchildren
	Action 2.5.4 Increase outreach and eligibility access for existing programs for the elderly
	Action 2.5.5 Conduct a regulatory review to determine how to facilitate access to supportive housing or other housing/care for adults/elderly. Obtain community input from the Aging 2020 Initiative

PRIORITY THREE: Respond to Policy and Regulatory Barriers	
Strategy(ies)	**Action(s)**
Strategy 3.1 Increase the number of times people can access emergency assistance through policy changes	Action 3.1.1 Explore options for a waiver or exception to the EFSP policy that families can only receive one-time assistance payments
	Action 3.1.2 Explore other policy changes that would increase uses of: • EFSP funds • Utility Assistance • Rental Assistance • Mortgage Assistance
	Action 3.1.3 Review all policies for all state emergency assistance funds to allow more local discretion in how to use the funds
Strategy 3.2 Ensure consolidated plans include actions addressing homelessness	Action 3.2.1 Identify local expertise in the area of homelessness to participate in planning process for the Consolidated Plans
	Action 3.2.2 Provide training and support for people who would like to participate in planning process
	Action 3.2.3 Review Consolidated Plan and Continuum of Care Plan and provide input regarding services/supports for individuals and families who are homeless.
	Action 3.2.4 Develop educational opportunities for the public including themes and goals to address homelessness

Strategy(ies)	Action(s)
	Action 3.2.5 Obtain all plans and convene meetings with persons responsible for creating the Consolidated Plan (multi), the Continuum of Care (3) and the Local Plans
	Action 3.2.6 Promote inclusion in Consolidated Plans incentives in rural areas for the development of childcare facilities with flexible hours
Strategy 3.3 Improve information sharing among state agencies, local providers and policy makers.	**Action 3.3.1** Provide access to information about the Federal Elementary and Secondary Education Act of 2001 – No Child Left Behind and the responsibilities of schools; i.e. transportation is the responsibility of the school of origin
	Action 3.3.2 Create linkages from agency web sites to the Department of Education website list of School Homeless Liaisons
	Action 3.3.3 Develop a means for other State agencies to connect with the school homeless liaisons to provide information about services that may be available to youth
	Action 3.3.4 Define methods that will assist DES in keeping kids in their school districts
	Action 3.3.5 Provide a mechanism for State agencies, provider agencies and youth to know where to go for assistance on a variety of services
	Action 3.3.6 Provide options for state and provider case managers serving youth to have continuing education on brain development, evidence based practice regarding serving youth, the dynamics to youth growing up in chaos – how it changes the way they respond to the world

Strategy(ies)	Action(s)
Strategy 3.4 Improve access to services for youth on their own.	Action 3.4.1 Identify methods to improve the ability of youth to access services (State law currently allows youth to consent to medical treatment) including but not limited to entering into rental agreements
	Action 3.4.2 Review licensing rules for barriers to youth remaining with their foster families once they turn age 18

PRIORITY FOUR: Strengthen Health and Behavioral Health	
Strategy(ies)	Action(s)
Strategy 4.1 Utilize Medicaid efficiently and more creatively	Action 4.1.1 Review qualified service regulations to see if support services, ACT teams, case management, family support, peer support can be included in Medicaid
	Action 4.1.2 Review agency certification process for reimbursement payments; review provider qualification requirements and consider billing requirements (identify Medicaid as funding source); train provider staff to successfully manage new system
	Action 4.1.3 Assure that state plan allows needed services for qualified homeless consumers
	Action 4.1.4 Encourage health plans to contract with non-traditional health care providers, i.e. Health Mobile
	Action 4.1.5 Obtain funding for SMI homeless youth outreach via RBHA's
	Action 4.1.6 Allow for treatment of minors in the absence of parental consent/increase information and training in this area

Strategy(ies)	Action(s)
	Action 4.1.7 Strengthen relationships through partnership development among the RBHA's and service providers
	Action 4.1.8 Explore options and implementation for reducing caseloads of staff serving families with multiple issues (harder to serve population)
	Action 4.1.9 Support the implementation of the DHS / BHS Goals regarding access to care
	Action 4.1.10 Insure clients have 24-hour access to Medicaid funded prescriptions.
Strategy 4.2 Strengthen homeless service providers' ability to overcome barriers caused by trauma issues	Action 4.2.1 Form relationships between homeless and DV programs; review operations, rules and agency cultures
	Action 4.2.2 Cross training to support collaborations among domestic violence shelters and homeless shelters. • Involve BHS in training shelter staffs regarding violence
	Action 4.2.3 Ensure victim safety is assessed and provided for in the delivery of services
	Action 4.2.4 Assess children for trauma effect due to witnessing family violence
Strategy 4.3 Increase access to Food Stamps and nutrition for homeless families	Action 4.3.1 Explore options for changing USDA policy to allow the purchase of prepared food
	Action 4.3.2 Explore options for enhancing access to the Women, Infants and Children (WIC) Program
	Action 4.3.3 Advocate for policy change to allow people with felony drug convictions for possession or selling to receive food stamps
Strategy 4.4 Expand and improve support services for youth.	Action 4.4.1 Provide appropriate support services for youth up to age 21

Strategy(ies)	Action(s)
	Action 4.4.2 Expand the availability of peer-to-peer mentoring
	Action 4.4.3 Implement methods to assist youth with necessary paperwork to access services
	Action 4.4.4 Define and implement engagement strategies that will improve access for youth who are high risk such as use of drugs, sexual activity, sexual violence, and other special needs, which require specialized services

Goal IV: Plan For Outcomes

Today most American communities plan how to manage homelessness – not how to end it. In fact, new data has shown that most localities could help homeless people much more effectively by changing the mix of assistance they provide. A first step in accomplishing this is to collect much better data at the local level. A second step is to create a planning process that focuses on the outcome of ending homelessness – and then brings to the table no just the homeless assistance providers, but the mainstream state and local agencies and organizations whose clients are homeless.

PRIORITY ONE: Establish and achieve performance measures	
Strategy(ies)	**Action(s)**
Strategy 1.1 Define measurable outcomes using a logic model for all State Agencies and manage the systems and programs to those outcomes.	Action 1.1.1 Develop a single definition of "at risk" and of "homeless" for use across all agencies
	Action 1.1.2 Define system-wide outcomes by agency, program and population
	Action 1.1.3 Collect data to track indicators and outcomes
	Action 1.1.4 Consumer Outcomes - Implement and report on outcomes for state agencies
	Action 1.1.5 Support the implementation of the state/CoC performance evaluation project specific to consumer performance, including post program exit
	Action 1.1.6 Create incentives for agencies to work with hardest to serve families
	Action 1.1.7 Develop a process to collect data and share information across data systems (including the three HMIS initiatives)
	Action 1.1.8 Establish ongoing process for reviewing and responding to data

Strategy(ies)	Action(s)
Strategy 1.2 Define protocols for information sharing across agencies incorporating safety and confidentiality requirements/concerns	Action 1.2.1 Address safety and confidentiality issues of sharing information (DV, AIDs/HIV, Mental Health, etc.)
	Action 1.2.2 Establish a research project that will track people through the system to determine where there are gaps and what causes people to stay or return to homelessness
	Action 1.2.3 Develop and finalize Interagency Memoranda of Understanding regarding sharing of information, uniformity of data collection to help facilitate communication among agencies via technology
	Action 1.2.4 Identify actions to ensure confidentiality and safety issues are appropriately addressed
Strategy 1.3 Ensure social service technology systems are working in collaborations	Action 1.3.1 Review of agency requests for systems development to ensure compatibility _____
	Action 1.3.2 Evaluation of existing technology (public & private) to identify possible links.
Strategy 1.4 Comprehensive, accurate and consistent measures and counts of homeless services, results, and people served guide the implementation of services and programs.	Action 1.4.1 Identify technology to provide accurate count of homeless.
	Action 1.4.2 Include people who are homeless in the planning and interpretation of the data collected.
	Action 1.4.3 To ensure an accurate count and review of the information coordinate with law enforcement, consumers, non-profit agencies, outreach teams, etc.

Strategy(ies)	Action(s)
	Action 1.4.4 Engage all communities in the street count using a standard approach by non-profit organizations and employing homeless individuals to help conduct the count.

PRIORITY TWO: Cost benefit analysis	
Strategy(ies)	Action(s)
Strategy 2.1 Collect data to quantify cost of emergency services and cost-effectiveness of permanent supportive housing	Action 2.1.1 Work with administrative systems to collect data on service utilization of families and related costs
	Action 2.1.2 Complete a cost study to be Arizona relevant, low cost, and to reach convincing conclusions regarding services for families who are homeless
	Action 2.1.3 Determine the effectiveness of services for families
Strategy 2.2 Collect and analyze data regarding discharge planning – costs and benefits.	Action 2.2.1 Define and implement a process to identify the number and demographics of people at risk of homelessness and people being released to homelessness from institutions (Shelters, hospitals, jails, prisons, mental health institutions and foster care systems)
	Action 2.2.2 Define and measure outcomes of discharge planning efforts
	Action 2.2.3 Conduct cost benefit analysis
	Action 2.2.4 Use HMIS data to produce information on homeless recidivism and utilization of mainstream programs and services

PRIORITY THREE: Planning and System Redesign	
Strategy(ies)	**Action(s)**
Strategy 3.1 Define the existing system and proposed new system	Action 3.1.1 Graphically describe the current system – pictures, charts, etc.
	Action 3.1.2 Define the desired system
	Action 3.1.3 Map the change points; i.e. policy, funding, practice and infrastructure changes needed
Strategy 3.2 Change funding allocations to reach desired results	Action 3.2.1 Identify desired results (based on the outcome data) and current status
	Action 3.2.2 Assess current fund allocations
	Action 3.2.3 Identify priority areas for fund allocation changes and define the impact on the overall system
	Action 3.2.4 Review options for set asides for other funding sources to target homeless families
	Action 3.2.5 Rewrite state contracts to include incentives for implementation of outcome tracking and managing
	Action 3.2.6 State agencies will include specific outcomes related to the funding provided
	Action 3.2.7 Identify and implement actions to expand the availability of case management and services for persons at risk of homelessness and persons who are homeless

Strategy(ies)	Action(s)
Strategy 3.3 Identify and implement best practices, studies and research that result in desired effects	Action 3.3.1 Recognize Arizona Best Practice
	Action 3.3.2 Research & replicate best practices/innovative approaches
	Action 3.3.3 Establish an ongoing research to practice forum
	Action 3.3.4 Involve the Arizona Universities in these efforts
Strategy 3.4 All state systems have as a goal "ending and preventing homelessness"	Action 3.4.1 Designate a single point of contact for homelessness in each agency
	Action 3.4.2 Ending homelessness is included in the Strategic Plan of all State Agencies
	Action 3.4.3 State Agencies conduct a formal policy review to identify policy barriers to ending homelessness
	Action 3.4.4 State Agencies implement policy changes to remove the policy barriers
Strategy 3.5 Improve access to mainstream and support services.	Action 3.5.1 Research the options for providing support sources (additional fund sources, partners, etc.)
	Action 3.5.2 Select options most feasible in Arizona and identify action needed to access those options

Strategy(ies)	Action(s)
Strategy 3.6 Promote and Support the certification (such as Council on Accreditation certification) of agencies	Action 3.6.1 Identify incentives for programs to become certified/accredited
	Action 3.6.2 Encourage/expand certification opportunities to providers, encourage best practices, training, focus on outcomes
Strategy 3.7 Implement interagency initiative(s) that would fund special projects targeting priority populations.	Action 3.7.1 Identify target priority populations and outcomes desired _____ Action 3.7.2 Identify fund sources – explore support services options, housing options, corrections options, etc.
	Action 3.7.3 Implement interagency initiative
	Action 3.7.4 Develop a pilot process for a user-friendly simple RFP representing various agencies (Foundations / United Ways; ESG, CDBG, TANF, SSBG, HTF) for: - Permanent Housing / Supportive Services - Supported Employment - Child Care - Flexible proposals - Partnerships with Churches, Private sector, Cities - Target hard to serve - Pilot program for federal waiver on special project - Targeted outcomes - Create mentoring group to support - Consider need to provide technical assistance in the application process - Access expertise in the provider world to provide - Include Best Practice Program

IMPLEMENTATION & NEXT STEPS

Priorities

While some of the activities identified in the Strategies and Actions are currently underway, the following actions have been identified as priorities to ensure that overall system change, across State agencies is underway.

1. Identify who is at Risk of Homelessness
   - Develop a common definition of "homeless" and "at-risk of homelessness"
   - Identify risk-assessment tools in use by state agencies and expand to include "at-risk of homelessness"
   - Focus on preventing homelessness as a result of discharge from state institutions/care.
2. Implement case management tools for homeless housing and service providers
   - Build on existing initiatives
   - Provide more training and information about a wide range of social services to persons working with individuals and families who are homeless
   - Implement technology – including SocialServe.com, Az Self Help, Homeless Management Information System, 211
   - Create / expand and implement multipurpose applications for mainstream support programs (TANF, Child Care, Medicaid, etc.)
3. Develop strategies to creatively access funding for supportive services
   - Joint State Agency RFP for Permanente Supportive Housing that braids funding and maximizes state resources.
   - Review Federal fund sources for options to fund outreach, case management and support services,
   - Seek Federal Grants and private investment for demonstration projects
4. Develop measurable outcomes and implement evaluation processes using a logic model for all state agencies
   - Manage systems and programs to those outcomes
   - Define protocols for information sharing across agencies addressing confidentiality requirements / concerns
   - Change funding allocations where appropriate to reach desired results
   - Implement Statewide Program Evaluation Project and Homeless Management Information System

Implementation Structure

The Interagency & Community Council on Homelessness Work Group will serve as the monitoring and interagency coordination point for implementation of the Recommendations in the Plan for Improving Services. The actions include responsibilities that are specific to individual state agencies and actions that require collaboration among the agencies. The Work Group will:

- o Facilitate review of the detailed action plan within their Departments
- o Monitor implementation of all actions
- o Plan and implement the interagency actions
- o Begin definition of the Plan for Housing

Participants in the Work Group will communicate with their Agency/organization staff and management, obtain input and direction, support the implementation of the agency specific actions and monitor implementation within their organizations as appropriate.

APPENDIX

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Appendix C: Arizona School Readiness Board - Priority Recommendations

11/18/03 1
State School Readiness Board
Summary of Priority Recommendations

Why School Readiness?
Groundbreaking research on the development of the brain emphasizes the importance of ensuring that children have access to quality early care and education experiences. High quality early care and education is one of the most effective strategies to ensure children begin school with the skills they need to succeed and is associated with higher reading skills, better test scores and less behavioral problems. Many of Arizona's children spend 35 to 40 hours per week in out-of-home care. The quality, accessibility and affordability of that care should be one of Arizona's top priorities. Numerous studies have shown that quality early learning experiences can have a lasting positive impact throughout a child's entire education. Not only does the quality of Arizona's early care and education system have a direct impact on the long-term educational success of Arizona's children, it has a direct impact on the development of a workforce to meet the challenges of tomorrow's economy. Business and community leaders throughout the State understand the importance of quality early care and education and are motivated to bring their leadership and resources to build a stronger system for Arizona.

1. Provide family support and parent education programs that strengthen families and promote school readiness. [Health Recommendation No. 32]
Parents and families are key to school readiness because the best time for language development is the first three years of life when 90% of a child's brain is developed. However, many parents and families need additional support to help them understand how to best promote their child's healthy development and readiness for school.

The SRB recommends that the State support culturally sensitive community-based efforts to provide families with literacy skills, to provide families with information about early brain development, and to inform the public through libraries the media and marketing campaigns about the importance of quality early education and the role that parents and families play. The SRB also recommends that the State continue to fund strength-based parenting programs and expand the availability of those programs, including programs such as: 1) Healthy Families, which is a voluntary program to help parents understand child development, promote health, and prevent child abuse and neglect, and 2) Family Literacy, which is a family-centered education program that provides ESL and GED preparation for adults, as well as developmentally appropriate activities and curriculum for children under eight years old. Each of these programs is available to less than 8% of the families who qualify.

2. Ensure that health care providers who work with children and early care and education providers have knowledge of child and early brain development, comprehensive health screening, early intervention, and other community resources. [Health recommendations No. 30.
Early diagnosis of health problems can prevent years of learning delays. The SRB recommends that a plan be developed to ensure that children are screened for health problems prior to entering preschool and kindergarten so that hearing, vision, behavioral health, and developmental issues are identified early on.

Specifically, the SRB recommends that AHCCCS increase the number of children who have well-child (EPSDT health screening) visits for children age fifteen months and three through six year olds; that health plans refer children who are at risk for significant developmental delays to the Arizona Early Intervention Program (AzEIP); that pediatricians and family practitioners are trained to conduct developmental assessments; that other professionals who work with children are trained to screen children to identify behavioral health issues and potential developmental delays; and that a health consultation system be designed and implemented making health professionals accessible to early care and education providers. The SRB should also work with state agencies and others to determine how to remove barriers that may prevent children from enrolling in KidsCare.

3. Ensure access to quality early care and education in the setting of the family's choice for all children birth through kindergarten. [*Quality and Cost Recommendation No. 13*]

Research on brain development scientifically demonstrates how important the first years of life are to a child's later development and readiness for school. The SRB recommends that the state identify and adopt strategies for increasing the availability of quality out-of-home early care and education for infants and toddlers. This should include building on existing efforts to support Kith & Kin programs and family child care with technical assistance in key areas including curriculum development, child development, and business operations.

The SRB recommends that high quality state-supported preschool and child care be phased –in statewide, beginning with children in communities with high levels of poverty. This should build on current efforts that can be expanded by targeting the Early Childhood Block Grant (ECGB) and by providing resources and technical assistance to child care centers to achieve the Arizona Early Childhood Education Standards. The $19.4 million Early Childhood Block Grant supports a variety of early education programs, $3.4 million to full-day kindergarten; $9.9 million to preschool; and $5.7 million to K-3 supplements. As LEA's (local education agencies) receive funding for full-day kindergarten, the ECBG funds allocated to the LEA for K-3 support or for full-day kindergarten should be redirected to preschool programs. ECBG funding for full-day kindergarten or K-3 supplements should not be re-directed until the LEA receives formula-funded full-day kindergarten. Additional resources should be identified to expand the availability of quality preschool. As additional resources become available, the SRB recommends changing the law to allow ECBG funds to be allocated via a competitive grant instead of by a formula driven program.

Grants should be targeted to help implement high-quality preschool, beginning in communities with high numbers of children in poverty. The SRB would work with the Early Childhood Division of ADE to evaluate, monitor and allocate grants to ensure that quality standards are integrated into funded programs, to promote availability of full-day, full year care, and to ensure Head Start and child care is included. The SRB would also work with the Early Childhood Division of ADE and DES to build on available resources to assist child care centers with technical assistance and quality enhancement grants to help centers achieve standards related to staff-to -child ratios, teacher qualifications and wages, curriculum and materials.

To further promote quality early care and education, the SRB recommends that the State target current and additional resources to child care providers that meet higher standards. To target current resources, the State can phase-in providing DES child care subsidies via competitive contracts in addition to vouchers, thereby ensuring child care providers receive a consistent level of funding. Centers are currently reimbursed based on attendance of the child, making funding unpredictable.

4. Increase the pool and retention of qualified early care and education professionals and thereby, the quality of early care and education in Arizona. [Professional Development Recommendations No. 1 & 10]

Research shows that teacher education and turnover rates affect children's development, and low wages are often what cause teachers to leave the field. Arizona early care and education teachers earn a median hourly wage of $8.00, and 30% of lead teachers remain in their job one year or less.i i Some states have improved the quality of their early care and education workforce by providing professional development incentives such as scholarship programs, wage programs and health benefits. Research has shown that by offering and having access to professional development, early care and education worker turnover decreases and the quality of teaching for young children improves.

In 2003 and 2004 the SRB will build on the current professional development system including the S*CCEEDS Professional Development Registry through a $1.6 million 2-year Early Childhood Professional Development Educator Grant from the United States Department of Education awarded to Arizona State University and the Governor's Office. This grant will increase the education and skills of 300 early care and education teachers and community college students and 25 graduate students or mentors in five identified counties: Apache, Navajo, Maricopa (Alhambra, Balz, Isaac, Murphy, Roosevelt school districts), Pinal, and Pima.

The SRB also recommends that a plan be developed for phasing in incentives to improve the retention and quality of early care and education teachers. These incentives could include scholarship programs (similar to the T.E.A.C.H. program that has been successful in North Carolina), and wage and health benefit programs. The State should consider the possible use of Workforce Investment Act funding towards these programs.

5. Utilize the Arizona State School Readiness Board to improve coordination within the early care and education system. [Program Coordination Recommendations No. 24 & 26]

Early care and education functions are currently spread among multiple state, tribal and local agencies and there is no state-level body that has authority to promote coordination concerning health, family support, literacy, parent education and other programs that promote school readiness. In fact, programs within the state agencies, tribes, and federal Head Start have different program requirements (i.e.: eligibility levels, staff qualifications, standards, reporting requirements) that are not coordinated with each other. Funding comes from multiple state and federal sources with little coordination on programs and funding.

The SRB should be utilized to improve inter-agency and program coordination. The SRB recommends that the relevant state agencies work with the SRB to develop plans for potential administrative consolidation and fund maximization. This would include developing a strategic plan targeted at maximizing and making more efficient and effective the use of the following child care funding sources: Arizona's quality set aside and federal monies from the Child Care Development Fund administered by the Department of Economic Security; the Early Childhood Block Grant which are state monies administered by the Arizona Department of Education; the Child Care Food Program, which are federal monies administered by the Arizona Department of Education; and child care licensing monies which are state monies utilized by the Arizona Department of Health for child care licensing. In addition, the School Readiness Indicators Project, begun by the Children's Action Alliance, should be incorporated into performance

measures of both child-centered outcomes and process outcomes realized through improved system coordination.

Finally, the SRB recommends that it be empowered either via legislation or executive order to take on this coordination role and be charged with creating a detailed annual plan to advance the goals of building a quality early care and education system in Arizona.

6. Improve regulation of child care and thereby the quality of early care and education programs [Quality and Cost Recommendation No. 16]

Arizona's current child care system does not ensure that parents know their children are being placed in quality settings. The current system regulates for health and safety standards and DES pays some incentives to child care centers that achieve certain national accreditation. However, there is no overall system in Arizona that regulates the quality of child care, nor is there a quality rating system for child care centers. And, child care licensing and child care subsidies are currently housed in different state agencies, with insufficient focus on improving the quality of child care and maximizing resources.

The SRB recommends that Arizona move towards a quality rating system that will give parents the information they need to ensure their children are in quality care. A detailed plan should be developed to improve standards of child care centers and provide higher payments to providers who meet those standards. Part of this plan must be to ensure that adequate resources are available to support increased quality without decreasing availability or increasing costs to families. There should also be an analysis of additional staff that might be needed to adequately monitor currently licensed programs.

7. Provide adequate funding for child care subsidies at a level that promotes quality early care and education. [Quality and Cost Recommendation No. 15]

The Arizona median cost of full-time center-based child care is approximately $6,000 per year. To assist families who earn low wages, DES provides payment for child care for children of poor families who have incomes up to 165% of FPL ($25,179 for a family of 3 or $12.20/hr), as well as families on TANF or transitioning off TANF and children in the CPS system. It is estimated that in SFY 04 an average of 37,300 children per month will receive subsidies. Child care subsidies allow families to afford child care and can allow providers to improve the quality of care. The SRB recommends that the state identify adequate financial resources to support full demand for child care.

8. Identify and pursue new sources of dedicated funding for Arizona's early care and education system. [Quality and Cost Recommendation No. 23]

The State currently does not have sufficient public or private resources to build a system that provides high -quality early care and education for children and new sources of revenue need to be developed. The SRB recommends that the State identify potential sources of revenue from the recommendations of the Citizens Finance Review Commission. In addition, the SRB recommends that an Arizona Early Education Fund be set up as a private fund to accept private dollars from businesses and foundations that are recognizing the need for quality early care and education. The private Fund could be used to help build the local and community level systems via a competitive grant process for: (1) capacity and infrastructure grants that target the needs of individual communities; (2) quality improvement grants; (3) grants to improve teacher quality through scholarships, wage and health benefit programs. By making the grants competitive, the Fund could be used to help incentivize communities to maximize funds at the local level and

create comprehensive community assessments. The Fund could also be used to leverage federal and private grant dollars

9. Dedicate funding and phase-in developmentally appropriate full day kindergarten for all children, beginning in communities with high numbers of children in the free and reduced price lunch program. [*Quality and Cost Recommendation No. 14*]

Children who attend full-day kindergarten are better prepared to succeed in first grade and beyond.iii For children of working parents, full-day programs limit the number of transitions a child must make during a day, reducing child and parental stress. Research has demonstrated that full-day kindergarten can lower grade retention, improve language and math skills, lead to higher achievement test scores in eighth grade, and improve attendance and social skills.iv Fullday kindergarten must be developmentally appropriate so that it is not overly academically focused or solely playtime. Teachers should be appropriately educated and compensated, and receive adequate training on best practices.

School districts have pieced together varied state and federal funding streams to pay for full day kindergarten, including the Early Childhood Block Grant (ECBG), K-3 overrides, Title 1 funds, and parental fees. The SRB recommends that full-day kindergarten be phased-in through the school funding formula so that kindergarten children count as "1" instead of "1/2" for funding including facility allocations utilized by the School Facilities Board. Full-day kindergarten should be phased-in based on the number of children eligible for free/reduced lunch taking into account student achievement data and the LEA's (local education agency's) capability to implement full-day kindergarten. Only when LEAs receive funds for full-day kindergarten through the funding formula, will ECBG dollars be re-directed to preschool.

End Notes

i [Campbell, F.A., Ramey, C.T., Pungello, E.P., Sparling, J., and Miller-Johnson, S. (2002). "Early Childhood Education: Young Adult Outcomes from the Abecedarian Project". Applied Developmental Science, 6:42-57; Schweinhart, L.J., Barnes, H.V., and Weikart. D.P. (1993). "Significant benefits: The High/Scope Perry Preschool study through age 27" (Monographs of the High/Scope Educational Research Foundation, 10). Ypsilanti: High/Scope Press; Reynolds, A and Stevens, P. (2002) The Chicago Longitudinal Study, University of Wisconsin-Madison.]

ii Maricopa County Office of Research and Reporting. (2001), Arizona Wage and Benefit Survey of Child Care/Early Childhood Education Center Based Personnel.

iii Miller, Amanda. (2002). Full-Day Kindergarten, ERIC Clearinghouse on Elementary and Early Child Education.

iv Peisner-Feinberg, E.S., Burchinal, M.R., Clifford, R.M., Culkin, M.L., Howes, C., Kagan, S.L., Yazejian, N., Byler, P., Rustici, J.,Zelazo, J. (2000). The Children of the Cost, Quality and Outcomes Study Go To School: Technical Report, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

Appendix D: Aging 2020 Executive Order

Executive Order 2004-07
Aging 2020 Plan

WHEREAS, by 2020, 26 percent of Arizona's population will be over 60 years of age compared to 17 percent in 2003; and

WHEREAS, Arizona's fastest growing age group is seniors, primarily women, over 85 years old; and

WHEREAS, even though older individuals are healthier than ever before, their collective need for health care will increase significantly over the next three decades; and

WHEREAS, a growing number of older Arizonans will reach retirement with a diversity of cultural experiences, a wide array of skills, and an interest in remaining actively engaged in work and civic life; and

WHEREAS, the graying of the workforce in the next two decades will provide both a challenge and an opportunity to reinvent work expectations and job functions; and

WHEREAS, in order to maintain healthy communities and a strong economic environment, it is critical that Arizona be prepared for the significant changes that will take place in the state's demographics in the coming years; and

WHEREAS, older Arizonans are affected by multiple services provided by various state agencies and the coordinated efforts of these state agencies and institutions are essential to providing efficient and quality services; and

WHEREAS, a critical component of service provision to older persons requires consideration at the highest level of government of issues affecting their well being;

NOW THEREFORE, I, Janet Napolitano, Governor of the State of Arizona, by the powers vested in me by the Constitution and laws of the State, do hereby order the creation of Aging 2020, a plan to prepare the state for the significant changes that will occur with the increase in the state's over-65 population in the next 15 years. Each Executive Branch Department designated by the Governor is directed to:

1. Appoint a lead staff person to oversee the development of the Department's component of the Aging 2020 Plan.

2. Review the data to be provided by the Governor's policy staff on the demographic changes that will take place over the next 15 years and assess the implications of those changes on public policy and civic life.

3. Participate in the Aging 2020 Summit, to be held as part of the 2004 Governor's Conference on Aging, to receive input from citizens and service providers regarding issues that should be considered in the development of the Aging 2020 Plan.

4. Analyze how the demographic changes will affect the Department's workforce and constituency.

5. Develop recommendations regarding ways the Department and the community as a whole can prepare, over the next five to seven years, for the coming demographic changes to ensure a good quality of life for Arizona's seniors and the state as whole.

6. Seek public input on the Department's recommendations.

7. Report the Department's recommendations and a proposed implementation plan to the Governor's Policy staff no later than September 30, 2004.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

GOVERNOR

DONE at the Capitol in Phoenix on this 16 day of March in the Year of Our Lord Two Thousand and Four and of the independence of the United States of America the Two Hundred and Twenty-Eighth.

ATTEST:
SECRETARY OF STATE

Appendix E: Department of Corrections – ADC Offender Transition Plan

Pending